PTORSE22 (12.07)
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| PETITION | FOR EXTENSION OF TIME UNDER 3 | Docket Number (Optional) | | | |
|--|---|--|--|---|--|
| (Fees | FY 2008 oursuant to the Consolidated Appropriations Act, 20 | 1512.149 | | | |
| Application Number 10/629,292 | | | Filed July 29, 2003 | | |
| For Meth | nod and Apparatus to Detect Malicious | Software | | | |
| Art Unit 2137 | | | Examiner Gelagay, Shewaye | | |
| This is a req application. | uest under the provisions of 37 CFR 1.136(| a) to extend the peri | od for filing a reply in the | above identified | |
| The request | ed extension and fee are as follows (check t | time period desired | and enter the appropriate | e fee below): | |
| | | <u>Fee</u> | Small Entity Fee | | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | s | |
| | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | s | |
| V | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | s_525 | |
| | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | s | |
| | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | s | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| A check in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1170 I have enclosed a duplicate copy of this sheet. | | | | | |
| WARNIN | NG: information on this form may become pub credit card information and authorization on | iic. Credit card infor | | | |
| I am the applicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number 51,495 | | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | |
| | May & Bar | | | September 30, 2008 | |
| | Signature | | | Date | |
| Michael S. Brayer | | | 414.225.6305 | | |
| Typed or printed name | | | Telephone Number | | |
| NOTE: Signatu signature is rec | res of all the inventors or assignees of record of the enti- quired, see below. | re interest or their represe | entative(s) are required. Submit | multiple forms if more than one | |
| Total | | submitted. | | | |
| USPTO to proce complete, includi comments on the | Information is required by 37 CFR 1.138(a). The information is required by 37 USP 1.138(a). The information application. Confidentially is governed by 35 USP and gathering, preparing, and submitting the completed as amount of time you require to complete this form and/off trademark Office, U.S. Department of Commerce, P.O. S ADDRESS, SEND TO: Commissioner for Pater | 5.C. 122 and 37 CFR 1.11 application form to the USI or suggestions for reducing Box 1450. Alexandria, VA | and 1.14. This collection is est PTO. Time will vary depending this burden, should be sent to 22313-1450. DO NOT SEND | imated to take 6 minutes to upon the individual case. Any the Chief Information Officer, FEES OR COMPLETED | |

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.